



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**

COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687



KBEMS USE ONLY

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**Kentucky Ambulance Provider Directory
Request Form**

(Please Print or Type)

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Contact Person: _____
Signature: _____

Ambulance Provider Directories are sent out at a charge of \$15.00 for a CD version. This version is only available on Microsoft Excel. The directory contains addresses, phone numbers, fax numbers, e-mail addresses (if available), service director, medical director and type of service provided (Advanced Life Support or Basic Life Support).

Number of Copies Needed: _____
Total Amount Enclosed: _____

Please make checks or money orders payable to the **Kentucky State Treasurer.**

DO NOT SEND CASH.

Forward request and fee to:

**Kentucky Board of Emergency Medical Services
Attn: Tina R. Spradlin
2545 Lawrenceburg Road
Frankfort, Kentucky 40601**